

## **Application Data Sheet**

### **Application Information**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>Suggested classification::</b>	
<b>Suggested Group Art Unit::</b>	
<b>CD-ROM or CD-R?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	No
<b>Title::</b>	IMPROVED GREENHOUSE SYSTEM AND METHOD
<b>Attorney Docket Number::</b>	302841-0106
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Suggested Drawing Figure::</b>	1
<b>Total Drawing Sheets::</b>	6
<b>Small Entity?::</b>	Yes
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **Applicant Information**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	U.S.
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Allen J.
<b>Family Name::</b>	WILLFORD
<b>City of Residence::</b>	Brandon
<b>State or Province of</b>	FL
<b>Residence::</b>	
<b>Country of Residence::</b>	US

**Street of mailing address::** 11302 Weston Pte Dri., #301  
**City of mailing address::** Brandon  
**State or Province of mailing address::** FL  
**Postal or Zip Code of mailing address::** 33511

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** U.S.  
**Status::** Full Capacity  
**Given Name::** Lynda Kay  
**Family Name::** WILLIFORD  
**City of Residence::** Brandon  
**State or Province of Residence::** FL  
**Country of Residence::** US  
**Street of mailing address::** 11302 Weston Pt. Dr., #301  
**City of mailing address::** Brandon  
**State or Province of mailing address::** FL  
**Postal or Zip Code of mailing address::** 33511

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	22428	
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### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

**Assignee name::**

ASSIGNEE\_COMPANY\_NAME